

BOOK REVIEW

The ECG in practice. John R Hampton. (Pp 332; £8.95). Edinburgh: Churchill Livingstone, 1992. ISBN 0-443-04506-2.

In many ways this book achieves the author's intention of providing a concise and practical guide to clinical interpretation of the electrocardiogram. The book is compact, and small enough to fit into a white coat, it has excellent indexing, including an index of all diagrams, and good quality ECG examples are featured throughout. Professor Hampton spends an appropriate amount of detail on the interpretation of the normal or slightly abnormal ECG and has dedicated a section to the effects of non-cardiac disease on the electrocardiogram. In most chapters the clinical approach of the book shows clear advantages over the "text-book style" seen in specialist texts; the advantages and disadvantages of the ECG in relation to the clinical situation are shown and much lateral thinking is employed. The subjects of chest pain and breathlessness associated with ECG abnormalities are discussed in separate sections with a good range of electrocardiographic examples seen in pulmonary and cardiac diseases.

Professor Hampton has chosen to extend the principles of his previous book *The ECG Made Easy* by presenting electrocardiographic patterns associated with clinical sit-

uations without reference to underlying physiology. The physiological principles of the electrocardiogram are either omitted (for example, Einthoven's triangle, Q waves) or presented as an optional chapter at the end of the book. This unconventional approach certainly gives brevity to subjects such as myocardial infarction, but does so at the expense of a full understanding of the normal and the abnormal electrocardiogram: the ECG configuration in both have to be memorised—yet this would not be necessary if a little theory was known. For example a simple reference to a diagram of electric axis would clarify why a predominantly upright QRS complex in limb lead aVL is a common pattern seen in the normal individual.

Atrial arrhythmia and atrioventricular tachycardia pose one of the greatest challenges to medical undergraduates and junior doctors. An understanding of the normal pattern of cardiac conduction is helpful before the electrocardiographic features of re-entrant tachycardia, accessory pathways, aberrant AV conduction, and heart block become clear, yet the subject is discussed only briefly in the final chapter ("The physiological basis of the ECG"). AV nodal blockade by a bolus of intravenous adenosine is not discussed as a diagnostic tool. Its use may be essential in distinguishing ventricular tachycardia from supraventricular tachycardia at the bedside and its role in the diagnosis of AV re-entrant tachycardia is well established, yet adenosine is not mentioned in the diagnostic section on palpitation and syncope. Later on in this same chapter the author gives guidance on

the drug treatment of arrhythmias. Intravenous flecainide is recommended as third line treatment for ventricular tachycardia and intravenous atenolol as second line therapy for both ventricular tachycardia and atrial fibrillation. The use of such drugs in these situations is controversial and leaves the reader with the impression that drug therapy of arrhythmia is beyond the scope of this book.

In summary this pocket sized volume complements *The ECG Made Easy* and will be best employed in the hands of those who have had useful experience of the companion book. A good collection of ECG examples is included, with excellent cross-referencing. Any reader expecting to see basic physiological principles applied to bedside electrocardiography will be disappointed, but may still find this book a useful supplement to other, less clinically based textbooks.

E LEATHAM

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BRITISH CARDIAC SOCIETY NEWSLETTER

Changes to the Newsletter

The Newsletter appears to be fulfilling its self-appointed task of keeping the members of the British Cardiac Society informed on matters of moment. As part of this process, the chairmen of Society committees, and our Affiliated Groups, have been asked to report briefly on the work of the committees/groups on a regular basis, as follows:

Committee

Joint Audit
Data Management
Epidemiology & Prevention
Medical Practice
Programme
Technicians
Training & Manpower
Publications
Ethical & Legal
Postgraduate Adviser
Read Codes

Chairman

Prof D de Bono
Mr J Parker
Prof D Wood
Dr Kim Fox
Prof A Henderson
Dr D Dymond
Dr M Webb-Peploe
Dr D Dymond
Prof Keith Fox
Dr H Swanton
Dr M Towers

BHJ issue

June & December
July & January
August & February
September & March
April
November & May
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January
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October
October & April

Affiliated Groups

British Cardiovascular Intervention Society
British Pacing & Electrophysiology Group
British Society of Echocardiography
British Nuclear Cardiology Group
British Paediatric Cardiac Association

Dr M Rothman
Dr A Nathan
Dr M Monaghan
Dr S Walton
Dr S Qureshi

August & February
September & March
October & April
November & May
December & June

Most of the committees have already accepted this proposal (none has declined), and so it is hoped to keep members regularly up to date on these activities. The dates have been selected, where applicable, to link with significant dates in the calendar of each activity, taking account of the fact that copy is required **2 months in advance** of publication.

This schedule does not preclude, of course, our receiving news from any source at any time.

Report from the Joint Audit Committee

The confidential inquiry into complications from cardiac catheterisation (CECC) is now well established with a large number of participating centres. The project entails establishment of the mechanism for the collection and verification of data on the types of procedure and complications. The committee is of the view that eventually all catheterisation laboratories should be encouraged to participate, and that the approach to monitoring complications should be part of the Specialist Advisory Committee assessment for senior registrar posts. Feedback from several units has indicated that the monthly order is easy to maintain and has greatly increased awareness of complications, minor and major, leading to a general tightening of procedures. If your centre is not enrolled and you would like it to be please contact David de Bono at Glenfield General Hospital, Groby Road, Leicester, LE3 9QP.

Thirty one cardiac care units are collecting data for John Birkhead's study on time to thrombolysis. As with the CECC, the routine collection of these data has led to a marked improvement in the performance of many units. It is worth mentioning that many purchasers are now requiring a target time to thrombolysis as one aspect of the specified level of care for patients with acute myocardial infarction.

After a successful series of workshops on guidelines for the management of angina (shortly to be published) which was sponsored jointly by the Royal College of Physicians Research Unit and the British Cardiac Society, the Joint Audit Committee

is proposing to organise similar workshops to produce guidelines for management of acute myocardial infarction and congestive cardiac failure. The committee is conscious of the risk of "reinventing the wheel" and of producing documents which will rapidly be forgotten. Other organisations are also formulating guidelines and it is proposed that there should be some liaison with the European Society of Cardiology.

Several colleagues have expressed concern over training in, and complications from, temporary cardiac pacing. The Joint Audit Committee, jointly with the British Pacing and Electrophysiology Group, is proposing to conduct a survey to find out whether there is a problem, and a brief questionnaire will be issued shortly to go with a simple form on which respondents can provide details of the next ten procedures for temporary wires.

Finally, Nick Brooks has resigned from the chairmanship of the committee and will be succeeded by David de Bono. The new chairman welcomes views on areas of practice to be considered by the committee, or any other comments or complaints, and can be contacted directly at his Leicester address shown above.

British Paediatric Cardiac Association

Last year (1992) was a year full of varied activities in the British Paediatric Cardiac Association. Three meetings of the BPCA were held in 1992. The first meeting was held at Coventry in April 1992 in conjunction with the British Paediatric Association. The second BPCA meeting was in conjunction with the British Cardiac Society at Harrogate in May 1992 and dealt exclusively with the Fontan operation, with the chief guest being Professor Fontan himself. Needless to say, all the questions about the operation were not answered but the discussion was lively. The third (autumn) meeting at Birmingham in November 1992 was a 2-day affair and again was extremely well attended. This dealt with various contentious topics as well as treatment of arrhythmias by radiofrequency ablation.

In 1993, once again, three meetings are proposed, one with the British Paediatric Association at Coventry in April 1993, one with the British Cardiac Society at Wembley in May 1993, and one solely a BPCA meeting at Harrogate on November 26–27, 1993. The last meeting will cover heart failure.

An important task that was suddenly thrust upon the BPCA Council was to produce, at a very short notice, a report appraising paediatric cardiology services for the Children's Specialty Review for the London Implementation Group. This has duly been submitted to the British Cardiac Society and British Paediatric Association.

The membership of the British Paediatric Cardiac Association has continued to increase this year and has reached almost 170 ordinary and candidate members.

There have been some important movements in paediatric cardiac surgery. Mrs Roxane McKay has resigned from the Royal Liverpool Children's Hospital and moved to Canada. Dr Marco Pozzi has been appointed in her place. Mr Pankaj Mankad has been appointed consultant paediatric cardiac surgeon at the Freeman Hospital, Newcastle upon Tyne.

Health care management and the cardiologist

Many will be aware of a letter sent by the NHS Management Executive to all regional general managers to the effect that "It is simply unacceptable to offer significantly different standards of care... depending on the time in the financial year at which they present". Surely all agree with these sentiments, but on reflection may find them hard to implement. Urgency is not categorical but relative. Severe three vessel disease with angina on minimal exertion may seem urgent until a patient with aortic dissection presents. It is often difficult to anticipate such events. However, all need to try to set an even pace of work throughout the year. Ultimately planning a contingency fund or surplus for the end of the year may be the only way of guaranteeing continuity of care, but this means limiting the access to health care of seemingly less urgent cases earlier in the financial year. Even patients at low risk can die while awaiting surgery and the cardiologist's decision may be criticised. It is easy to be wise after the event and retrospective judgments have a certain popular appeal.

A recent survey of consultants found that 3% of hospitals restricted emergency admissions, 17% barred all non-emergency admissions, 16% had admissions vetoed by managers, and 12% had quotas imposed on them. It is important that consultants' freedom to make clinical decisions is upheld but this can only be maintained if the privilege is used wisely.

Meanwhile the National Health Service Management Executive is about to review the weighted capitation formula for the distribution of health care resources in the light of the 1991 census data. The effects of this, and the possibility that funding allocation cannot be derived from any empirical formula, have been highlighted recently. Interested parties may care to read the article by Sheldon *et al* (Weighting in the dark: resource allocation in the new NHS. *BMJ* 1993;306:835–9). An increase in resources for one authority can only be obtained at the expense of others. Clearer explanations for the variation in need and utilisation of services is needed urgently if equality of health care is to be maintained.

News from Europe

Philip Poole-Wilson writes: "The Board of the European Cardiology Society has taken a formal decision to establish a *European Video Journal of Cardiology*. This will be a joint enterprise between the European Society of Cardiology, Kluwer Academic Publishers, and Cardio Diffusion. The purpose of this new journal is to keep all those interested in cardiovascular medicine up to date with new developments in research and clinical practice. Initially there will be six issues in each year. An editorial board has been formed. Prof Lars Ryden from Stockholm has been appointed editor in chief and Dr Nina Rosenqvist is deputy editor. Other members of the editorial board are Prof A Bayes de Luna, Prof G Breithardt, Prof J M Detry and Prof F Dienstl. This is a new venture into publishing using a new medium. Many of you will have received video recordings through your letter boxes and in America there are special channels on the television to receive medical broadcasts. It is probably a medium which

will have a considerable future in Europe. Feedback and comment on the new *European Video Journal of Cardiology* will be helpful. Please do look at the issues and if you wish to contribute contact the Editor."

British Cardiac Society Elections

As a result of recent elections, Raphael Balcon is to fill the vacant position of President Elect from May 1993, and Stewart Hunter, Hugh O'Kane, and Man Fai Shiu will join Council.

News of colleagues

The following consultant cardiologist appointments were made earlier this year. R J Wainwright as consultant in interventional cardiology at King's College Hospital, London; J J McMurray as consultant cardiologist to the Western General in Edinburgh; C Bucknall as consultant cardiologist at Guys Hospital, London; Dr P G Reid as consultant physician with a special interest in cardiology at Countess of Chester Hospital, Chester; Dr D Pennell as senior lecturer/honorary consultant in cardiac imaging at the Royal Brompton National Heart and Lung Hospital, London; Sheffield University interviewed four candidates for the chair of cardiology but failed to make an appointment.

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NOTICES

The 1994 Annual Meeting of the **British Cardiac Society** will take place at the Riviera Centre, Torquay from 17 to 20 May.

The **International Workshop for Models for Atherosclerosis Research** organised by the European Society of Cardiology Working Group Pathogenesis of Atherosclerosis will take place in Bristol on 24 to 25 September 1993—Further details from Professor G D Angelini, Department of Cardiac Surgery, Bristol Royal Infirmary, Bristol BS2 8HW, United Kingdom.

The next **Journées Européennes of the Société Française de Cardiologie** will be held in Paris on the 13 to 15 January 1994. The closing date for abstracts is 15 July 1993. Further information is available from the Société Française de Cardiologie, 15 rue de Madrid, 75008 Paris, France (Tel: (1) 43.87.95.14. Fax (1) 43.87.17.14).